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T-587 P.001/003 F-209

**North Shore LIJ North Shore University Hospital**

North Shore - Long Island Jewish Health System

300 Community Drive  
Manhasset, New York 11030  
516 562-1795

Department of Radiology

**TELECOPIER TRANSMITTAL COVER SHEET**  
**PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE**

TO: EXAMINER PHILIP GRAY, GROUP 3767

FAX: 571-273-8300

FROM: ERIC J. GANDRAS, M.D.

TELEPHONE #: 516-562-2979

TO: COPIES: 3 including cover

MESSAGE: RE: POWER OF ATTORNEY  
+ REQUEST FOR PHONE  
INTERVIEW

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May-10-2007 06:03am From-

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PTOL-413A (08-08)  
Approved for use through 03/31/2007. OMB 0851-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**Applicant Initiated Interview Request Form**

Application No.: 10/716853 First Named Applicant: ERIC J. GANDRAS  
Examiner: PHILIP GRAY Art Unit: 3767 Status of Application: FINAL REJECTION

**Tentative Participants:**

(1) BRUCE A. LEV (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: 5/18/07 Proposed Time: 11 (AM/PM)

**Type of Interview Requested:**

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior	Discussed	Agreed	Not Agreed
(1) <u>REJ.</u>	<u>37-44, 46-51</u>	<u>Art. ENGELSON</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) _____	<u>53-57</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	<u>59-64</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

**Brief Description of Arguments to be Presented:**

The differences in ENGELSON'S TIP AND MY INVENTION  
ARE CLEARLY, DISTINCTLY DIFFERENT - TO BE DISCUSSED

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

Registration Number, if applicable

ERIC J. GANDRAS - power of attorney  
58,594  
TRANSFERRED ALONG WITH THIS FORM TO THIS #

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.